Statement of	_	n			Date Stamp	CALIFO		
Recipient Cor	mmittee					FOR	M TIU	
Statement Type	☑ Initial		☐ Amendment	☐ Termination – See Part 5		For Official Use Only		
	Not yet qualif     ■	fied				CITY CLERK'S OFFICE		
	O Date qualifica	ation threshold met	Date qualification threshold met	Date of termination	7.	JU	N 23 2022 PM02:3	
	/_	/	//	/				
1. Committee I	nformation	I.D. Numbe		2. Treasurer and	Other Principal Officers			
NAME OF COMMITTEE		17 //		NAME OF TREASURER				
Robles for Elk	Grove City Cou	ncil 2022		Denise Lewis				
				STREET ADDRESS (NO 1.10. BOX)				
STREET ADDRESS (NO P.	P.O. BOX)			CITY	STATE	ZIP CODE	AREA CODE/PHONE	
1				Sacramento	CA	05041		
CITY		STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER		95841	(916)348-9100	
Sacramento		CA	95841 (916)348-91	.00 Marissa Russell				
FULL MAILING ADDRES	S (IF DIFFERENT)		(520,510 52	STREET ADDRESS (NO P.O. BOX)				
E-MAIL ADDRESS (REQU	JIRED) / FAX (OPTIONAL)			CfTY	STATE	ZIP CODE	AREA CODE/PHONE	
campaigns@rcbs.	us / (916)348-	9111		Sacramento	CA	95841	(916)348-9100	
COUNTY OF DOMICILE		JURISDICTION WHERE CO	MMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)				
Sacramento Coun	ity	City of Elk	Grove					
				STREET ADDRESS (NO P.O. BOX)				
Attach additiona	ıl information on	appropriately lai	beled continuation sheets.	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
3. Verification		Jan 19 19 19 19 19 19 19 19 19 19 19 19 19	(2) 11 (may) 7.1 mg			5 10 W		
				st of my knowledge the informa	tion contained herein is true	and complete	. I certify under	
penalty of perj	jury under the lav	ws of the State o	f California that the foregoing	is true and correct				
Executed on	6/8/2022 DATE	Ву		- Work				
77	6/8/2022		SI	GNATURE OF TREASURER OR ASSISTANT TREASUR	PRER			
Executed on	DATE	Ву	SIGNATURE OF CONT	ROLLING OF CEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT			
Executed on		Bv			The content of the co			
Excedited on	DATE	ву	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT			
Executed on		Ву						
	DATE	- N	SIGNATURE OF CON	TROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT			

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization						CALIF	ORNIA AA		
Recipient Committee							FORM 410		
	Al-						Page 2 of 3		
Robles for Elk Grove City Council 2022						I.D. NUMBER			
<ul> <li>All committees must list the financial institution v</li> </ul>	where the campaign I	bank account is located.							
ME OF FINANCIAL INSTITUTION		AREA CODE/PHONE BANK ACC		COUNT NUMBER				-	
First Foundation Bank		(916)724-2424			l .				
ADDRESS		CITY	STATE	Zi	P CODE				
		Roseville	CA		95661				
4. Type of Committee Complete the applic	cable sections.	<b>发展的现在分词</b>		18 E G S 19			医交替性 医神经 计存储	1 30	
Controlled Committee	IV.			-			THE PARTY OF THE P		
Controlled Committee									
List the name of each controlling officeholder, district number, if any, and the year of the ele	; candidate, or state	measure proponent. If cand	lidate or officeholder	controlled,	also list the ele	ective off	ice sought or held,	and	
List the name of each controlling officeholder	ection.						ice sought or held,	and	
List the name of each controlling officeholder district number, if any, and the year of the ele	ection. nolder or candidate	is affiliated or check "nonpart	tisan." Stating "No pa	rty preferer	ce" is accepta		ice sought or held,	and	
<ul> <li>List the name of each controlling officeholder district number, if any, and the year of the ele</li> <li>List the political party with which each officeholder</li> </ul>	ection. nolder or candidate ntrolled committee,	is affiliated or check "nonpart	tisan." Stating "No pa on number of the oth	rty preferer	ce" is accepta	ble.	ice sought or held,	and	
<ul> <li>List the name of each controlling officeholder, district number, if any, and the year of the ele</li> <li>List the political party with which each officeholder</li> <li>If this committee acts jointly with another cor</li> </ul>	ection. nolder or candidate ntrolled committee,	is affiliated or check "nonpart list the name and identification ELECTIVE OFFICE SOU	tisan." Stating "No pa on number of the oth JGHT OR HELD BER IF APPLICABLE)	rty preferer er controlle	nce" is accepta d committee.	ble.	ice sought or held,		
List the name of each controlling officeholder district number, if any, and the year of the election List the political party with which each officeholds the committee acts jointly with another conname of Candidate/Officeholder/State Measure	ection. nolder or candidate ntrolled committee,	is affiliated or check "nonpart list the name and identification ELECTIVE OFFICE SOU (INCLUDE DISTRICT NUMBE City Council Member Ci	tisan." Stating "No pa on number of the oth JGHT OR HELD BER IF APPLICABLE)	er controlle YEAR OF ELECTION	d committee.  PAR CHECK Nonpartisan	one Partisan		ow)	
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List the name of each controlling officeholder district number, if any, and the year of the election List the political party with which each officeholds the committee acts jointly with another commanded the control of the control	nolder or candidate ntrolled committee, like PROPONENT	is affiliated or check "nonpart list the name and identification  ELECTIVE OFFICE SOU (INCLUDE DISTRICT NUMB  City Council Member Ci District 4  ppose specific candidates or r  TER) CANDID	ctisan." Stating "No pa on number of the oth JGHT OR HELD BER IF APPLICABLE) ty of Elk Grove	rty preference of controlle YEAR OF ELECTION 2022	d committee.  PAR CHECK Nonpartisan X Nonpartisan	ole.  RTY ONE Partisan Partisan	(list political party belo	ow)	

SUPPORT

OPPOSE

## Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

CALIFORNIA 410

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I.D. NUMBER

Robles for Elk Grove City Council 2022

Cobles for Elk Grove City C	ouncil 2022					
4. Type of Committee	(Continued)					
General Purpose Committee	Not formed to support or oppose s  CITY Committee			e election. Check		
PROVIDE BRIEF DESCRIPTION OF ACTIVITY						
Sponsored Committee Lis	t additional sponsors on an attachmer	nt.				
NAME OF SPONSOR			INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
STREET ADDRESS NO. AND ST	REET	CITY		STATE	ZIP CODE	AREA CODE/PHONE
Small Contributor Committee	(page)					

## 5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met-

- · This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- · This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.